**Medication Reconciliation: Getting Started**

The goal with any med rec is to be thorough, yet efficient. Ideally, this should take no longer than 10 minutes, so as not to set the physician too far off track on his or her (jammed!) schedule.

To get started:

“Tell me what medications you are taking.”

Confirm presence of listed meds on EHR list.

Confirm that patient is familiar with sig/indication.

Ask about medications on EHR list that patient did not mention.

Ask about alternative meds, herbals, OTCs.

If patient brings pill bottles to appointment, check fill dates and number of tabs left in each container.

“How often do you miss doses of your medications?”

“Do you have trouble affording any of your medications?”

*Notify PCP of any significant discrepancies/concerns using one of the memos from the last page of this document.*

**Additional Questions to Think Through (Time Permitting)**

**Allergies**

Do you have any allergies to medications?

What type of reaction do you have?

Do you avoid any medications due to side effects?

**Prescription Medications**

What prescription medications do you take on a **regular** basis?

Medication name

Dosage form

Specific dose

Route (PO, SC, TD, etc.)

When/How many times a day

For what indication

What prescription medications do you take on an **as-needed** basis?

**Non-Prescription Medications**

What non-prescription or over-the-counter (OTC) medications do you take on a **regular** basis?

Medication name

Dosage form

Specific dose

Route (PO, SC, TD, etc.)

When/How many times a day

For what indication

What OTC medications do you take on an **as-needed** basis?

**Herbals/Supplements/Vitamins**

What herbal, natural, or homeopathic remedies do you take?

What vitamins or minerals do you take?

When and how do you take them?

For what indication?

**Additional Questions**

Do you use any:

Eye drops

Nose sprays

Inhalers

Medicated lotions, creams or ointments

Medicated patches

Injections

**Adherence & Affordability**

How many times per week (or month) do you miss doses of your medication(s)?

Do you have trouble affording any of your medications?

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| Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reports problems with:  Adherence:  Cost/Access:  Side Effect:  Other: | Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reports problems with:  Adherence:  Cost/Access:  Side Effect:  Other: |
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